

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	1					
18	1					
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TOTAL IND.

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TOTAL DEP.

25

TOTAL CLAIMS

30

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

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TOTAL DEP.

25

TOTAL CLAIMS

30